



Republic of the Philippines
**SOCIAL SECURITY SYSTEM
 PERSONAL RECORD**
 FOR ISSUANCE OF SS NUMBER

SS NUMBER
06-3826447-0

COV-07214 (09-2015)

THIS FORM MAY BE REPRODUCED AND IS NOT FOR SALE. THIS CAN ALSO BE DOWNLOADED THRU THE SSS WEBSITE AT www.sss.gov.ph.
 PLEASE READ THE INSTRUCTIONS AND REMINDERS AT THE BACK BEFORE FILLING OUT THIS FORM. PRINT ALL INFORMATION IN CAPITAL LETTERS AND
 USE BLACK INK ONLY

PART I - TO BE FILLED OUT BY THE REGISTRANT

A. PERSONAL DATA

NAME (LAST NAME) TORIGNE		(FIRST NAME) JUAN MEKEJ		(MIDDLE NAME) VIDAL	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) 02/17/1990
SEX <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	CIVIL STATUS <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Legally Separated <input type="checkbox"/> Others			TAX IDENTIFICATION NUMBER (IF ANY)		
NATIONALITY FILIPINO	RELIGION ROMAN CATHOLIC	PLACE OF BIRTH (CITY/MUNICIPALITY, PROVINCE) CERIL CITY		(CITY, COUNTRY, if born outside the Philippines) ESCARILS STREET		
HOME ADDRESS (RM, FLR, BLDG. & BLDG. NAME) SCOUTS BLVD		(HOUSE/LOT & BLK. NO.) CERIL	(STREET NAME) CERIL	(SUBDIVISION) PHILIPPINES	ZIP CODE 6000	
MOBILE/CELLPHONE NUMBER 0923-9026990		E-MAIL ADDRESS LADYMIK7TORIGNE@YAKTO.COM		TELEPHONE NUMBER (COUNTRY CODE+ AREA CODE+ TEL. NO.)		
FATHER (LAST NAME) TORIGNE	(FIRST NAME) TRIME	(MIDDLE NAME) BAUTAN	(SUFFIX) NAIBOTAN			
MOTHER'S MAIDEN NAME (LAST NAME) VIDAL	(FIRST NAME) ALICIA	(MIDDLE NAME)	(SUFFIX)			

B. DEPENDENT(S)/BENEFICIARY/IES

Check this box if using additional sheet

SPOUSE (LAST NAME) TORIGNE	(FIRST NAME) JUAN MEKEJ	(MIDDLE NAME) VIDAL	(SUFFIX)	DATE OF BIRTH (MMDDYYYY) 02/17/1990		
CHILDREN (LAST NAME)	(FIRST NAME)	(MIDDLE NAME)	(SUFFIX)	DATE OF BIRTH (MMDDYYYY)		
1.						
2.						
3.						
4.						
5.						
OTHER BENEFICIARY/IES (If without spouse & child and parents are both deceased) (LAST NAME) TORIGNE		(FIRST NAME) JUAN MEKEJ	(MIDDLE NAME) VIDAL	(SUFFIX)	RELATIONSHIP BROTHER	DATE OF BIRTH (MMDDYYYY) 02/17/1990
		(FIRST NAME) JUDAN MAR	(MIDDLE NAME) VIDAL	(SUFFIX)	RELATIONSHIP BROTHER	DATE OF BIRTH (MMDDYYYY) 01/21/2010

C. FOR SELF-EMPLOYED/OVERSEAS FILIPINO WORKER/NON-WORKING SPOUSE

SELF-EMPLOYED (SE) Profession/Business Year Prof./Business Started Monthly Earnings P	OVERSEAS FILIPINO WORKER (OFW) Foreign Address Monthly Earnings P	NON-WORKING SPOUSE (NWS) SS No./Common Reference No. of Working Spouse Monthly Income of Working Spouse (P) I agree with my spouse's membership with SSS. SIGNATURE OVER PRINTED NAME OF WORKING SPOUSE
Are you applying for membership in the Flexi-Fund Program? <input type="checkbox"/> YES <input type="checkbox"/> NO		

D. CERTIFICATION

I certify that the information provided in this form are true and correct.
 (If registrant cannot sign, affix fingerprints in the presence of an SSS personnel.)

Registrant is required to affix fingerprints.

PRINTED NAME
JUAN MEKEJ V. TORIGNE

SIGNATURE

 DATE
MAY 20, 2016

RIGHT THUMB 	RIGHT INDEX
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PART II - TO BE FILLED OUT BY SSS

BUSINESS CODE (FOR SE)	WORKING SPOUSE'S MSC (FOR NWS) P	RECEIVED BY (REPRESENTATIVE OFFICE/PARTNER AGENT) SIGNATURE OVER PRINTED NAME HELVYN Z. DESUJO DATE & TIME 05-20-16	RECEIVED & PROCESSED BY (MSS BRANCH SERVICE OFFICE) Member Service Section 05-20-16 / 09:55 AM Cebu City Branch SIGNATURE OVER PRINTED NAME 05-20-16 DATE & TIME
MONTHLY SS CONTRIBUTION (FOR SE/OFW/NWS) P	APPROVED MSC (FOR SE/OFW/NWS) P	REVIEWED BY (MSS BRANCH SERVICE OFFICE) HELVYN Z. DESUJO Cebu City Branch SIGNATURE OVER PRINTED NAME DATE & TIME	
START OF PAYMENT (FOR SE/NWS)	FLEXI-FUND APPLICATION (FOR OFW) <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		